

REVIEWS OF BOOKS.

THE JOHNS HOPKINS'S HOSPITAL REPORTS; REPORT IN GYNÆCOLOGY, II. Baltimore: The Johns Hopkins's Press, 1894.

This report contains nineteen articles, mostly contributed by Dr. Kelly. He reports a case of prolapsus uteri without vesical diverticulum and with anterior enterocele. In this case the protruding tumor consisted of uterus and intestines, the vagina being completely inverted, yet no portion of the bladder entered into the prolapsed sac. The operation consisted in the repair of a cervical laceration, followed by the removal of an oval piece comprising the whole thickness of the anterior vaginal wall, 4 x 5 centimetres, after which it was closed with a continuous catgut suture, buried and then superficial, thus having a linear wound in the axis of the vagina. Finally, the vaginal arch was lifted firmly up under the pubic arch by a symmetrical bilateral denudation extending well up into the sulci, using silkworm-gut and catgut for the closure. From information secured a year later it was learned that the patient was in good condition and had no prolapsus.

Another paper gives the literature of lipoma of the labium majus, Kelly having met with one case of this rather rare condition. He has tabulated twenty cases in all.

An article on deviations of the rectum and sigmoid flexure associated with constipation as sources of error in gynaecological diagnosis contains some valuable practical observations. Special emphasis is laid upon the fact that an abnormal disposition of the rectum and sigmoid flexure is especially prone to be associated with faecal stasis.

“Operations for the Suspension of the Retroflexed Uterus” is the title of the paper in which Kelly gives an account of the operation for suspending the uterus. He justly objects to the terms

"hysterorrhaphy," "ventrofixation," and "hysteropexy," and prefers to use the more accurately descriptive term *suspensio uteri*. He recommends one of two methods,—first, by two ligatures of silk or silkworm-gut passed on either side through the peritoneum and subjacent tissue, two centimetres away from the abdominal incision and parallel to it, and then around each utero-ovarian ligament respectively, when they are tied, lifting the uterus up snugly into the anteflexion. The second method consists in passing two silk sutures through the peritoneum and subperitoneal tissue in a transverse direction and about 1.5 centimetres from the incision. The suture is then carried through a part of the body of the uterus or its posterior surface near the fundus and then through the peritoneum on the opposite side. The two ends of the suture are brought out of the incision and tied, bringing the uterus and anterior abdominal wall into closer apposition. A similar suture passed immediately below the first suffices to keep the uterus permanently in place.

In five cases he brought the uterus forward by shortening the round ligaments intraperitoneally. As this operation failed either in keeping the uterus in place or in relieving the suffering it was abandoned.

Kelly has performed the operation upon forty-five cases. Suspension alone was performed in twenty-three cases; other operations were performed at the same sitting in twenty-two cases. All of the cases recovered. One of the patients has since borne a child. In none of the cases in which the above operations were done has there been recurrence of the retro-displacement.

Dr. Mary Sherwood contributes a paper on the antiseptic power of potassium permanganate and oxalic acid.

A paper on intestinal worms as a complication in abdominal surgery is contributed by Dr. A. L. Stavely. He states that several remarkable instances of complications occurring in abdominal surgery through the presence of ascarides lumbricoides have been observed. A lumbricoid worm has thus been found provocative of such alarming symptoms following coeliotomy as to raise a question as to the ex-

istence of peritonitis or ileus. During a period of four months in 1891 six cases in the gynaecological department were complicated in this way. In five the parasite was *ascaris lumbricoides*, and in one *tænia medicanellata*. The author gives also some interesting cases from the literature upon the subject.

Dr. Kelly continues with an article on the employment of an artificial retroposition of the uterus in covering extensive denuded areas about the pelvic floor. He applies this method in pelvic inflammatory disease in which the posterior surface of the uterus, the ovaries, and the tubes are matted together by dense adhesions, and in which the enucleation of ovaries and tubes is attended with injury to wide areas of peritoneum, on the pelvic floor, lateral and posterior pelvic walls, posterior surfaces of the broad ligaments, and posterior face of the uterus. In case of such an extensive raw area, if left to itself, the small intestine and omentum will in many instances gravitate downward, filling up the space left by the enucleation, and be detained by adhesions which may prove a constant source of distress to the patient after her recovery, or may even occasion a fatal ileus. The procedure consists in shutting off this space by fastening the rectum to the uterus by one or two sutures.

Mr. A. S. Murray has an article on photography applied to surgery, in which he gives the technique of this particular sort of photographic work.

An instructive case of traumatic atresia of the vagina with haematokolpos and hematometra is reported by Kelly.

Dr. W. W. Russell contributes a valuable study of urinalysis in operative cases. Two hundred cases in all were examined for casts, with the following results:

Number of cases containing hyaline casts before operation . . .	5
" " " granular " " " . . .	5
" " " hyaline " after " . . .	18
" " " granular " " " . . .	11
" " " blood " " " . . .	2

The urine for examination was drawn with a catheter. In forty-six (23 per cent.) of the two hundred cases albumen was found before operation. In sixty-six cases (33 per cent.) albumen was found after operation, an increase of 10 per cent. over the number before operation.

Dr. Hunter Robb has written upon the importance of employing anæsthesia in the diagnosis of intrapelvic conditions, to which he brings to bear an analysis of two hundred and forty cases.

A new method of resuscitation in chloroform asphyxia is described by Dr. Kelly. An assistant steps upon the table and takes one of the patient's knees under each arm, and thus raises the body from the table till it rests on the shoulders. The anæsthetizer in the mean time has brought the head to the edge of the table, where it hangs extended with the trachea and nasal cavity in a line. The patient's clothing is pulled down under the armpits, completely baring the abdomen and chest. The operator, standing at the head, institutes respiratory movements as follows: Inspiration, by placing the open hands on each side of the chest, posteriorly over the lower true ribs, and drawing the chest forward and outward, holding it thus for about two seconds; expiration, reversing the movement by placing the hands on the front of the chest over the lower ribs and pushing backward and inward, at the same time compressing the chest.

Kelly has collected statistics of one hundred cases of ovariotomy performed on women over seventy years of age. He himself has operated upon two such cases. The ages varied from seventy to eighty-two years. Eighty-eight of the hundred recovered. The nine cases from seventy-eight to eighty all recovered. His conclusions are that ovariotomy in the aged presents no essential differences from this operation in cases of younger years; and that the indications and contraindications for ovariotomy in the aged are essentially the same as for this operation in general.

Dr. Kelly gives a table of his abdominal operations for two years. An interesting feature is the extreme frequency of the use of

drainage in the earlier cases, and its almost complete abandonment towards the last. The glass drainage-tube has been given up altogether, and gauze is used in its place.

Finally, a record of deaths occurring in the gynaecological department is given. No critical review of the cases appears, but simply the statements of the post-mortem findings in the various cases.

There is running through all of these reports an accuracy of statement and a regard for mathematics that are certainly admirable. Such expressions as "a large amount of fluid," or "a tumor of moderate size," or "some distance from," and the like, unfortunately so common in our clinical reports, give place to accurate measurements in the work which it has just been our pleasure to review.

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A TEXT-BOOK OF THE THEORY AND PRACTICE OF MEDICINE BY AMERICAN TEACHERS. Edited by WILLIAM PEPPER, M.D., LL.D. In two volumes, illustrated. Volume II, 1046 pages, 76 figures, 6 plates. Philadelphia: W. B. Saunders, 1894.

A synopsis of the general outline and scope of this valuable work was given in the review of the first volume (*ANNALS OF SURGERY*, July, 1893). Now that the second has appeared, it remains only for us to notice some of the special feature of this volume as well.

The opening chapter, entitled "General Considerations Concerning the Biology of Bacteria, Infection, and Immunity," by William H. Welch, is, like Dr. Billings's article, something of an innovation, especially in its attention to the minute details of these subjects so important in modern pathology. The author stands confessedly in the front rank of living investigators in this realm of science, and this chapter adds to his reputation as a writer and teacher. The portion of the chapter devoted to immunity and prophylactic and curative inoculations may well be regarded as